November 2008 DUR BOARD MEETING MINUTES

Date: November 19, 2008
Members Present: Eichler, Cobb (phone), Brown, Nagy, Crichton, Sargent, Harrison, Bradley, and Putsch
Others Present: Roger Citron and Wendy Blackwood (Medicaid), Wilkinson (Case Management), Barnhill (Drug PA unit), and various representatives of drug manufacturers.
Mark Eichler opened the meeting.
The minutes for the September meeting were reviewed and approved.

Department Update:

Wendy Blackwood from DPHHS updated the Board on the implementation of the Smart PA program. The Compound Drug program and pharmacy fee increases have been approved by CMS.

Board Discussion:

Left over agenda items from previous meetings:

- At the September meeting the Board had asked for more information on brand name usage of Coumadin and anti-hemophilic factors. The state provided information that currently 80% of prescriptions are being filled generically for warfarin and anti-hemophilic factors were being filled appropriately. After discussion the Board recommended that the DAW 7 brand override be eliminated on Coumadin. Prior authorization will be granted based on an individual case basis. There will be no grandfathering. The DAW 7 will continue to be allowed on anti-hemophilic factors to maximize the current savings generated by the large facilities who are the only dispensing agents of these medications.
- The state provided information on Risperdal usage since the generic became available. The generic became available in July and medicaid began requiring the switch in September. By that time, most prescriptions were being filled generically without the state generic drug mandate. The Board would like to see any data regarding increase in hospitalization of patients possibly affected by this switch. This information will be brought to a later meeting. At the current time, prior authorization for brand is allowed on a case by case basis.
- Mark and Lisa Wilkinson, the case manager, presented information about Gabapentin. It appears that the higher use of capsules over tablets is due to a cost issue rather than abuse. There are individual patients who abuse Gabapentin, however mandating a switch to tablets is not warranted at this time. The Department is trying to tighten up multiple prescriptions for same strength prescriptions filled for both capsules and tablets and that will help with the abuse issue.
- At the September meeting it was decided that a specialist consult only would be required for prescriptions for DMARDs/TNFs. The question has arisen about how current that consult has to be when the medications are being switched from one to another. After discussion the Board decided those cases should be referred to Case Management for further contact with the prescriber.
- Currently proton pump inhibitors are approved at once daily unless the patient has a hypersecretory condition or if the patient has failed previous step down therapy. The PA unit will allow twice daily dosing for 3 months and then ask that the patient be stepped down. This policy is meeting with some resistance, particularly in pediatric patients. The Board supports the current policy, but recommended a study be done to access any data available especially in pediatric patients. The policy will remain the same until more information can be obtained.
- Board clarification was requested for parameters for what constituted a failure on Zolpidem. Currently a "failure" on Zolpidem is required before Rozerem, Lunesta, or Ambien CR can be approved. After discussion the Board set the limit at 10mg for 10 days to constitute a failure unless there were compelling reasons for a patient to be on 5mg (advanced age, drug interactions, etc.). At the end of the ten day trial prior approval may be granted for the brand product for 15 days initially then prior authorize for 1 year.

Smart PA discussion:

The Department is working on the following items following the implementation of Smart PA:

1. Acetaminophen cumulative dose cannot be calculated between different strengths and dosage form of acetaminophen containing drugs. The Department is working to change the current program to allow the 10% grace period for these products.
2. Fluoxetine 20mg dose optimization was removed because at this time using the 20mg capsules at two daily is less expensive than the 40mg capsules.
3. Seroquel low dose limiting has been put on hold. With new information coming to light and possibly new indications, this will be addressed at a later date.
4. Byetta currently rejects if a patient is on insulin, but with the determination that the same provider is prescribing

both products, the approval will be authorized.

5. The TZDs were removed from the Smart PA program. Discussion was held about the possibility of a directed mailing being done by Case Management to smooth this program.
6. The Synagis program has prompted many calls. The Board supports the current requirements, but are willing to consider allowing approval outside these parameters on an individual case basis with adequate literature support.

The Board adjourned to closed session. This is the final meeting of 2008.
The meeting schedule for 2009 will be the 4th Wednesday in February and September for DUR, and the 4th Wednesday in April, May and June for Formulary review. The final meeting in 2009 will be the 3rd Wednesday in November.
Meeting adjourned at 2:45.